

**City of Seattle**

Department of Planning and Development
Applicant Services Center
700 Fifth Avenue, Suite 2000
P. O. Box 34019
Seattle, WA 98124-4019
(206) 684-8850
www.seattle.gov/dpd

Project #: _____**ASC COUNTER APPLICATION**

NOTE: This is a request, and does not constitute a permit. All permits and inspector's referrals are subject to review and approval by DPD staff for compliance with zoning, ECA, Land Use and/or other department requirements.

Inspector: _____ **Date:** _____

Property Address: _____

Scope of Work: _____

Estimated Value: _____

THIS SECTION TO BE FILLED IN BY APPLICANT

Legal Description (if legal is too long, attach it to this form: _____)

Owner/Lessee _____ Assessor's Parcel Number _____

Contact Person _____ Phone: _____

Mailing Address _____ City _____ Zip _____

Relocation Exempt ☐ Owner Occupied ☐ No Residential Tenant Displacement ☐**I UNDERSTAND THAT THIS IS A REQUEST AND DOES NOT CONSTITUTE A PERMIT**

Applicant's Signature: _____ Date: _____

Applicant's Name (PLEASE PRINT) _____

Relationship to Project (circle one) _____

Owner Lessee Licensed Architect Licensed Engineer Owner's Agent Contractor

Agent Statement: I certify that I am authorized by the owner/lessee to act as agent on their behalf for the purpose of obtaining this permit.

Agent's Signature: _____

THIS SECTION TO BE FILLED IN BY DPD STAFF

2 sets Location Plan	Yes	No
2 sets Plot Plan	Yes	No
2 sets Elevation Plan	Yes	No
2 sets Floor Plan	Yes	No
2 sets Structural Plans	Yes	No
1 set Structural Calc's	Yes	No
Permit to clear violation	Yes	No

If yes, case # _____

DPD Value:	Alterations:	\$
	New:	\$
	Total:	\$

Add Investigation fee \$ _____